

Phase III

Phase III of the merger of the Part C, First Steps and the Title V, Children with Special Health Care Needs Programs within the Commission for Children with Special Health Care Needs (CCSHCN) will begin to be implemented. As discussed in many forums over the past six months, Phase III will be a joint effort of staff and providers within the part C and Title V programs. In addition, Phase III will be supported by technical assistance from our Mid-South Regional Resource Center, the Early Childhood Technical Assistance Team (formally NEC*TAS), the Maternal and Child Health Bureau (MCHB) and the Association of Maternal and Child Health Programs (AMCHP).

The goal of the merger is to provide Kentucky's children with a seamless set of services that will meet their special educational needs from birth to age three (3), and their health care needs, birth to age twenty-one (21). The merger hopes to: streamline the administration of both programs; remove the duplication of services; assess the opportunity to provide coordination services to the First Steps children after they turn 3; develop a process for moving toward a single Point of Entry for children's services; expand a community based program to include health and developmental needs; and provide seamless transitions from and to services.

In order to meet these goals, the Commission proposes to create four work groups that will develop a new merged program, ensuring that federal and state mandates are met while incorporating best practices from both programs. The four proposed groups are Intake and Eligibility, Service Planning, Service Delivery, and Evaluation and Outcomes.

Process:

The subject area groups would be responsible for making sure that they obtain a broad base of input, contact providers, pose questions of the District Early Intervention Committees, and allow for input to be provided through various modalities (e.g. electronically, meetings, etc.). Key foundations that are to be considered by all groups include the following: compliance with federal mandates, family-centeredness, culturally competent services, the Cabinet for Health Services' strategic plan, the Title V 2010 Express Goals, and compliance with HIPAA and FERPA mandates. Consumer input will be highly encouraged and the four groups will be responsible for obtaining information regarding their areas from appropriate resources. Discussions should occur regarding the

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opportunities to post general issues and/or questions on the websites, requesting input from stakeholders. In addition, the SIG projects, NESAP and COSMIK, will be utilized to provide information to the work groups.

The four suggested work groups are:

Intake and Eligibility:

This group would be charged with the redesign of the policy and procedures for finding children, processing their intake, determining eligibility and streamlining the eligibility criteria for children in both programs. This group would be chaired by Anne Bolly (FS) and Donna Bissmeyer (CC).

Service Planning:

This group would redesign the policy and procedures for assessment, service planning, IFSP development, treatment plans, service guidelines and authorizations. This group would be chaired by Judy McCrackin (CC) and Lelana Tierney (FS).

Service Delivery:

This group would redesign the policy and procedures regarding personnel, covered services, service coordination, care coordination, billing/fees, provider enrollment and family share. This group would be chaired by Carol Schroeder (FS) and Sherry Brineger (CC).

Evaluation and Outcomes:

This group would redesign the policy and procedures regarding assuring compliance with federal and state mandates, quality of care provided, consumer satisfaction, and child progress and outcomes. This group would be chaired by Anja Peersen (CC) and Sandra Wilson (FS).

Support and Resources:

In order to coordinate the work of the groups, a core group would oversee, support and review group recommendations. This group is suggested to include Eric Friedlander, Theresa Glore, Dr. William Holmes, Beverly Hampton, Trish Howard, Joyce Wooldridge, Darlene Cain, Jan Williams, Carolyn Robbins, Marcy Brotzge, Kevin Mudd, Shelley Meredith, Connie Coover, Nancy Newberry, Chris Ashman, and all co-chairs.

Time Table:

The groups' charge is to meet bi-weekly, or more often as needed, and co-chairs will report monthly to the Core Group. The Core Group will report the work of all the groups to the ICC and Board of Commissioners at their regularly scheduled meetings. As the governing bodies approve recommendations, then they will be distributed to the

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District Early Intervention Committees for feedback and final presentation to the governing boards.

Communications Plan:

During Phase III of the merger of the Commission for Children with Special Health Care Needs and the First Steps programs, the Commission will explore the potential for program integration and redesign. The end result of this much-anticipated process is expected to be a blueprint for early intervention and specialized health services for children and youth.

Because the process represents the potential for change in our existing programs and service delivery systems, the anxieties and concerns of internal and external stakeholders must be acknowledged and addressed. We can do this by assuring continuing access to accurate and timely information throughout the merger process. By incorporating communication as an essential component of the process, we can allay fears and misunderstandings, promote trust at all levels, create a climate characterized by optimism and openness, and reinforce mutual respect and alliance for the purpose of improving the health and development of Kentucky's children. Additionally, by involving parents as full partners throughout the process, we acknowledge families as the ultimate stakeholders in the merger process.

While there is wide spread agreement among internal and external stakeholders as to the importance of communication during Phase III of the merger process, the logistics of how and by whom it will be carried out represents a number of challenges since it impacts so many of us at so many different levels. For this reason, each participant in the process must assume a degree of responsibility for communicating to her/his constituency and community. Additionally, each workgroup member is charged with seeking input from her/his constituencies and communities and conveying this to the other members.

Each of the four workgroups has two designated co-chairs. The co-chairs will be responsible for communicating the work of the group, including findings and recommendations, to a core group. The core group will consist of the eight co-chairs and designated management and health and development program staff from among the Commission and the First Steps technical assistance teams. The core group will meet on the fourth Thursday of each month. Written reports from the core group meetings will be posted to the Commission web site by the 20th of the following month.

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Work group reports and other relevant information also will be posted on the web site. Reports to families, local District Early Intervention Councils (DEIC) and other stakeholders will be posted monthly to the web site (<http://commissionkids.state.ky.us>).

Core group meetings will replace both the First Steps Core Management Group, which has been meeting bi-weekly since November to oversee and coordinate First Steps program administration and operations, and the monthly Commission Key Staff Meetings. As its name implies, the core group will have a core membership of designated staff, but others also will be asked to attend as needed. The focus of the core group may on occasion extend beyond the merger to include other issues affecting the Commission and one or more of the array of services it offers. The dissolution of the First Steps Core Management Group and its replacement with a broader group representative of both the Title V and First Steps programs is another significant step towards the integration of program management and support for both programs within CSHCN.

The Executive Director of the Commission will assure communications with the Commission Board. Commission designees to the Interagency Coordinating Council (ICC) as well as the Executive Director will communicate regularly with the ICC. The Executive Director will be responsible for keeping the Cabinet Secretary informed.